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CONFIRMATION NO. 6749

<b>SERIAL NUMBER</b> 10/731,050	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> AB-389U
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**APPLICANTS**

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CF

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/433,037 12/11/2002 and claims benefit of 60/523,928 11/21/2003

CF

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

CF

\*\* 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>CF</i>				

**ADDRESS**

000023845

**TITLE**

Optimizing pitch and other speech stimuli allocation in a cochlear implant

<b>FILING FEE RECEIVED</b> 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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